Fill in this information	to identify your case:	
Debtor 1	Troy L. Johns	_
Debtor 2 (Spouse, if filing)	Chantilly L. Johns	_
United States Bankru	ptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA	_
Case number (If known)	19-bk-02607	Check if this is: An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Forn	n 106l	MM / DD/ YYYY

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. ☐ Employed Employed If you have more than one job, **Employment status** attach a separate page with Not employed ☐ Not employed information about additional employers. Occupation **Truck Driver** Include part-time, seasonal, or **National Retail Transportation** self-employed work. Employer's name Inc. Occupation may include student or homemaker, if it applies. **Employer's address** 2820 16TH ST North Bergen, NJ 07047 How long employed there? 2 Weeks

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

					non-	filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$_	8,192.73	\$	0.00
3.	Estimate and list monthly overtime pay.	3.	+\$_	0.00	+\$	0.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$_	8,192.73	\$	0.00

Official Form 106I Schedule I: Your Income page 1 Case 1:19-bk-02607-HWV Doc 65 Filed 12/01/21 Entered 12/01/21 13:54:09 Desc Main Document Page 1 of 2

Case number (if known)

1:19-bk-02607

				For D	Debtor 1	For Debtor 2 or non-filing spouse		
	Copy line 4 here			4.	\$	8,192.73	\$	0.00
5.	List all payroll deductio	ons:						
	5a. Tax, Medicare, an	nd Social Security	deductions	5a.	\$	1,664.04	\$	0.00
	5b. Mandatory contril	butions for retiren	nent plans	5b.	\$	0.00	\$	0.00
	5c. Voluntary contrib	utions for retirem	ent plans	5c.	\$	0.00	\$	0.00
	5d. Required repayme	ents of retirement	fund loans	5d.	\$	0.00	\$	0.00
	5e. Insurance			5e.	\$	0.00	\$	0.00
	5f. Domestic support	t obligations		5f.	\$	0.00	\$	0.00
	5g. Union dues			5g.	\$	0.00	\$	0.00
	5h. Other deductions	S. Specify:		5h.+	\$	0.00	+ \$	0.00
6.	Add the payroll deducti	ions. Add lines 5a-	+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,664.04	\$	0.00
7.	Calculate total monthly	take-home pay. S	Subtract line 6 from line 4.	7.	\$	6,528.69	\$	0.00
8.	profession, or far Attach a statement	rental property and m t for each property and necessary busi	d from operating a business, and business showing gross ness expenses, and the total	8a.	\$	2,248.16	\$	0.00
	8b. Interest and divid			8b.	\$	0.00	\$	0.00
	8c. Family support paregularly receive	pousal support, chil	a non-filing spouse, or a depend support, maintenance, divorce		\$	0.00	\$	0.00
	8d. Unemployment co			8d.	\$	0.00	\$	0.00
	8e. Social Security	·		8e.	\$	0.00	\$	0.00
	Include cash assist	tance and the value uch as food stamps be Program) or hous sability	you regularly receive (if known) of any non-cash assis (benefits under the Supplementa		\$	1,304.00	\$	0.00
	- 3		12 of 2018 Federal Refund	8h.+	\$	385.00	· ·	0.00
9.	Add all other income. A			9.	\$	3,937.16	\$	0.00
10.	Calculate monthly incom	me. Add line 7 + lin	ne 9.	10. \$	10	,465.85 + \$		0.00 = \$ 10,465.85
	•		ebtor 2 or non-filing spouse.	' -		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
11.	Include contributions from other friends or relatives.	n an unmarried par	e expenses that you list in Sch ther, members of your household d in lines 2-10 or amounts that ar	, your depend				nedule J. 11. +\$ 0.00
12.			10 to the amount in line 11. The dules and Statistical Summary of					12. \$ 10,465.85
13.		ase or decrease w	ithin the year after you file this	form?				Combined monthly income
	□ No.							
	Yes. Explain:							